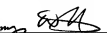
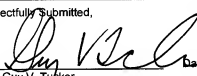


**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: <b>Schuler et al.</b>  Application No: <b>10/601,127</b>  Confirmation No: <b>5998</b>  Filed: <b>June 19, 2003</b>  Title: <b>SYSTEMS AND METHODS FOR AEROSOLIZING PHARMACEUTICAL FORMULATIONS</b>			Group No: <b>3773</b>  Examiner: <b>Erez, Darwin P.</b>  Attorney Docket No: <b>53243-US-CNT[2] (NK.0047.10)</b>  September 10, 2009 San Francisco, California 94107																			
Mail Stop AF Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			<b>Extension of Time</b> <input checked="" type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.136																			
<b>Via EFS</b>  <input checked="" type="checkbox"/> Appeal Brief <input type="checkbox"/> Comments on Statement of Reasons for Allowance <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">Extension (Months)</th> <th colspan="2">Extension Fee</th> </tr> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> <tr> <td><input checked="" type="checkbox"/> One Month</td> <td align="center">\$130.00</td> <td align="center">\$65.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td align="center">\$490.00</td> <td align="center">\$245.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td align="center">\$1,110.00</td> <td align="center">\$555.00</td> </tr> <tr> <td align="right" colspan="3"><b>Total \$ 130.00</b></td> </tr> </table> <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			Extension (Months)	Extension Fee		Large Entity	Small Entity	<input checked="" type="checkbox"/> One Month	\$130.00	\$65.00	<input type="checkbox"/> Two Months	\$490.00	\$245.00	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00	<b>Total \$ 130.00</b>		
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<b>Fees for Extra Claims</b>																						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee																
				Large Entity	Small Entity																	
Total Claims	8	52	0	\$52.00	\$26.00	\$0.00																
Independent Claims	1	6	0	\$220.00	\$110.00	\$0.00																
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00																
Supplemental Information Disclosure Statement																						
<b>Total</b>						<b>\$0.00</b>																
<b>Fee Payment</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Extension Fees</td> <td align="right">\$ 130.00</td> </tr> <tr> <td>Fees for Extra Claims</td> <td align="right">\$ 0.00</td> </tr> <tr> <td>Appeal Brief</td> <td align="right">\$ 540.00</td> </tr> <tr> <td><b>Total</b></td> <td align="right"><b>\$ 670.00</b></td> </tr> </table>			Extension Fees	\$ 130.00	Fees for Extra Claims	\$ 0.00	Appeal Brief	\$ 540.00	<b>Total</b>	<b>\$ 670.00</b>	<b>Fee Deficiency</b>  <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> and/or  <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u>											
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<input type="checkbox"/> Attached is check no. _____ in the sum of \$ _____. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <b>\$670.00</b> .			Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: NOVARTIS Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080																			
<b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a)</b>																						
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; facsimile transmitted to the U.S. Patent Office at (571) 273-8300; or electronically submitted via EFS on the date shown below:																						
By: <u></u> <b>Amy Wells</b>			Date: <u>September 10, 2009</u>  By: <u></u> <b>Guy V. Tucker</b> Registration No. 45,302																			